BROWN COUNTY HEALTH CARE CENTER

2900 ST. ANTHONY DRIVE

GREEN BAY	54311	Phone: (920) 391-4750)	Ownership:	County
Operated from	1/1 To 12/31	Days of Operation	365	Highest Level License:	Skilled
Operate in Con	junction with 1	Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/05):	65	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/05):	72	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	/05:	65	Average Daily Census:	68

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sidents (12/3	31/05)		Length of Stay (12/31/05)	8
%	Age Groups	8	Less Than 1 Year	10.8
1 5	Index 65	22 1		29.2 60.0
			More Illali 4 fears	
				100.0
				100.0
	95 & Over	1.5	-	
3.1			Nursing Staff per 100 Resid	lents
0.0		100.0	(12/31/05)	
4.6	65 & Over	76.9		
3.1			RNs	10.4
0.0	Gender	%	LPNs	11.3
0.0			Nursing Assistants,	
	Male	40.0	! .	54.4
			111405, 4 014011105	31.1
	1011010		[
100.0				
	1.5 33.8 40.0 0.0 3.1 3.1 0.0 4.6 3.1 0.0 0.0	1.5 Under 65 33.8 65 - 74 40.0 75 - 84 0.0 85 - 94 3.1 95 & Over 3.1 0.0 4.6 65 & Over 3.1	% Age Groups % 1.5 Under 65 23.1 33.8 65 - 74 33.8 40.0 75 - 84 33.8 0.0 85 - 94 7.7 3.1 95 & Over 1.5 3.1 0.0 100.0 4.6 65 & Over 76.9 3.1 0.0 Gender % 0.0 10.8 Male 40.0 100.0 100.0 100.0	% Age Groups % Less Than 1 Year 1.5 Under 65 23.1 More Than 4 Years 33.8 65 - 74 33.8 40.0 75 - 84 33.8 0.0 85 - 94 7.7 3.1 95 & Over 1.5 Full-Time Equivalent 3.1 Nursing Staff per 100 Resid 0.0 100.0 (12/31/05) 4.6 65 & Over 76.9 3.1

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	!		amily Care			anaged Care	Į.		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	6	9.8	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	9.2
Skilled Care	0	0.0	0	52	85.2	118	0	0.0	0	4	100.0	225	0	0.0	0	0	0.0	0	56	86.2
Intermediate				3	4.9	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	4.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		61	100.0		0	0.0		4	100.0		0	0.0		0	0.0		65	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12,	/31/05
Deaths During Reporting Period		 			% Needing		Total
ercent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	8.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	3.1		41.5	55.4	65
Other Nursing Homes	8.3	Dressing	18.5		43.1	38.5	65
Acute Care Hospitals	33.3	Transferring	44.6		21.5	33.8	65
Psych. HospMR/DD Facilities	33.3	Toilet Use	27.7		35.4	36.9	65
Rehabilitation Hospitals	0.0	Eating	29.2		43.1	27.7	65
Other Locations	0.0	******	******	*****	******	******	******
otal Number of Admissions	12	Continence		%	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	nal Catheter	4.6	Receiving Resp	iratory Care	3.1
Private Home/No Home Health	3.8	Occ/Freq. Incontiner	nt of Bladder	63.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	38.5	Receiving Suct	ioning	1.5
Other Nursing Homes	0.0	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	1.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	13.8	Receiving Mech	anically Altered Diets	50.8
Rehabilitation Hospitals	0.0					-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	65.4	With Pressure Sores		4.6	Have Advance D	irectives	69.2
otal Number of Discharges		With Rashes		3.1	Medications		
(Including Deaths)	26	İ			Receiving Psyc	hoactive Drugs	78.5

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This	Other	Hospital-	I	A11	
	Facility	Based Facilities		Facilties		
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	75.4	90.0	0.84	88.1	0.86	
Current Residents from In-County	95.4	84.8	1.12	77.6	1.23	
Admissions from In-County, Still Residing	58.3	14.1	4.15	18.1	3.22	
Admissions/Average Daily Census	17.6	216.7	0.08	162.3	0.11	
Discharges/Average Daily Census	38.2	218.8	0.17	165.1	0.23	
Discharges To Private Residence/Average Daily Census	1.5	119.6	0.01	74.8	0.02	
Residents Receiving Skilled Care	95.4	97.7	0.98	92.1	1.04	
Residents Aged 65 and Older	76.9	89.6	0.86	88.4	0.87	
Title 19 (Medicaid) Funded Residents	93.8	66.3	1.42	65.3	1.44	
Private Pay Funded Residents	6.2	20.2	0.30	20.2	0.31	
Developmentally Disabled Residents	1.5	1.4	1.13	5.0	0.31	
Mentally Ill Residents	73.8	32.3	2.29	32.9	2.25	
General Medical Service Residents	10.8	23.2	0.46	22.8	0.47	
Impaired ADL (Mean)*	57.2	49.3	1.16	49.2	1.16	
Psychological Problems	78.5	58.3	1.35	58.5	1.34	
Nursing Care Required (Mean)*	8.1	8.0	1.01	7.4	1.09	